## RECOGNIZED OPERATING AGENCY FILING FOR OFFICIAL USE ONLY

## APPLICANT INFORMATION

## Enter a description of this application to identify it on the main menu

InContact ROA Application

1. Applic	cant	<del></del>		
	Name:	InContact, Inc	Phone Number:	801-320-3325
	DBA Name:		Fax Number:	801-715-5281
	Street:	7730 South Union Park Ave.	E-Mail:	req@commlawgroup.com
		500		
	City:	Midvale	State:	UT
	Country:	USA	Zipcode:	84047 –
	<b>Attention:</b>	Ronald E. Quirk, Esq		

2. Contact				
Name:	InContact, Inc	Phone Number:	801-320-3325	
Company:		Fax Number:	801-715-5281	
Street:	75 West Town Ridge Parkway	E-Mail:	req@commlawgroup.com	
	Tower 1			
City:	Sandy	State:	UT	
Country:	USA	Zipcode:	84070 –	
Attention:		Relationship:	Legal Counsel	
4. Destination Countr	v USA	5. Place of Inco	orporation Delaware	
	<b>,</b>			
<ul> <li>6. Is a fee submitted with this application?</li> <li>If Yes, complete and attach FCC Form 159.</li> <li>If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> <li>Governmental Entity Noncommercial educational licensee</li> <li>Other(please explain):</li> </ul>				
7. Attachment 1: ROA Supplement Attachment 2: Art. of Inc. Attachment 3:				

8. Is the agency an Enhanced Service Provider?	O Yes	No
9. Is the agency a Common Carrier?	O Yes	No
10. If you answered "Yes" to questions 8 or 9, please check if required attachments are included in the filing.	Yes N/A	O No
11. Operator of radio frequency equipment capable of causing harmful interference internationally (Rule Part 63.701)?	O Yes	No
12. I am aware that my company is bound by all laws and obigations of the United States, including Article 6 of the Constition of the International Telecommunications Union and all binding telecommunications regulations promulgated thereunder. My company will obey those abilgations in all respects.	Yes	O No

## FOREIGN AFFILIATION

13. Affiliation (a): A greater than 25 percent ownership of capital stock, or controlling interest at any level, by the applicant, or by any entity that directly or indirectly controls or is controlled by it, or that is under direct or indirect common control with it, in a foreign carrier or in any entity that directly or indirectly controls a foreign carrier.	O Yes	No
14. Affiliation (b): A greater than 25 percent ownership of capital stock, or controlling interest at any level, in the applicant by a foreign carrier, or any entity that directly or indirectly controls or is controlled by a foreign carrier, or that is under direct or indirect common control with a foreign carrier; or by two or more foreign carriers investing in the applicant in the same manner in circumstances where the foreign carriers are parties to, or the beneficiaries of a contractual relation.	O Yes	No

## **BASIC QUALIFICATIONS**

15. By checking Yes, the undersigned certifies, that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti–Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.

# **16. Description.** (Summarize the nature of the application and the services to be provided). appear in this box, please go to the end of the form to view it in its entirety.)

(If the complete description does not

Applicant provides ITFS, DDIs, MPLS, voice termination, and SIP trunking over the Internet to Applicant

## **CERTIFICATION**

17. Typed Name of Person Signing Paul Jarmen	18. Title of Person Signing CEO	
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT		
(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION		
(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).		

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